## **EMERGENCY PREPAREDNESS**

Name:	
BASIC DISASTER SUPPLIES KIT:	TOOLS AND SUPPLIES: Place in waterproof container)
FIRST AID KIT: Assemble a first aid kit for your home and one for each car. A first aid kit should include the following:	Mess kits or paper cups; plates and plastic utensilsCash or traveler's check, coins
Sterile, adhesive bandages in assorted sizesAssorted sizes of safety pins	Non-electric can opener, utility knifePliers/screwdriver/hammer/crowbar/assorted nails & screwsShutoff wrench (to turn off household gas and water)
Cleansing agent/soap	Tape, such as duct tape
Gloves (2 pairs) (Use non-Latex if allergic to latex) Sunscreen	Compass Matches in a waterproof container
2-inch sterile gauze pads (4-6)	Aluminum foil
4-inch sterile gauze pads (4-6) Triangular bandages (3)	Plastic storage containers and bags Signal flare
2-inch sterile roller bandages (3 rolls)3-inch sterile roller bandages (3 rolls)	Paper, pencil Adhesive labels
Scissors	Safety goggles
Adhesive tapeMedicine dropper	Heavy work gloves Whistle
Tweezers	Heavy cotton or hemp rope
Needle & threadWet Wipes/hand sanitizers	Patch kit and can of seal-in-air Disposable dust masks
Antiseptic	Plastic sheeting
Rubbing alcohol Thermometer	Sterno cooking fuel Flashlight and batteries
Tongue blades (2)	Plastic trash bags
Tube of petroleum jelly or other lubricantTissues	Battery powered radio and batteriesMap of the area (for locating shelters)
NON-PRESCRIPTION DRUGS:	IMPORTANT FAMILY DOCUMENTS:
Aspirin or non-aspirin pain reliever	Keep these records in a waterproof, portable container:
Anti-diarrhea medication Antacid (for stomach upset)	Copy of will, all insurance policies, contracts, deeds, stocks, bonds, power of attorney, living will and other directives
Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)	Copy of passports, Social Security cards, immunization records, guardianship papers
LaxativeActivated charcoal (use if advised by Poison Control Center)	Records of credit card accounts and mortgage Credit cards and check books
SANITATION:	Record of bank account numbers, names, & phone numbers Inventory of valuable household goods (pictures if available),
Toilet paper, wet wipes	important telephone numbers
Soap, liquid detergent Feminine hygiene supplies	Family records (birth, marriage, death certificates)Copy of Supplemental Security Income (SSI) award letter
Personal hygiene items	List of prescription medications, dosage and strength
Plastic garbage bags, ties (for personal sanitation uses)Plastic bucket with tight lid Disinfectant	List of family members and emergency support team contact Information including an out of area contact
Household chlorine bleach	MEDICAL NEEDS:
Paper towelsFacial tissues	Heart and high blood pressure medicationInsulin/Diabetic supplies
CLOTHING AND BEDDING:	Prescription drugs
Complete change of clothing/footwear per person (3 days)	Denture suppliesContact lenses and supplies
Sturdy shoes or work boots Rain gear	Hearing aids and supplies Catheter supplies
Blankets or sleeping bags/pillow	ITEMS FOR SERVICE ANIMALS/PETS:
Hat and gloves Thermal underwear	Food, treats and bowls
Sunglasses	Additional water
FOR BABY:	Collar/leash/harnessIdentification tags
Formula (If powdered, bring bottled water)	Medications, medical records and shot records
Diapers/wipes Bottles	Litter/pan Pet carrier
Baby food	<del>_</del>
Bowl/utensilsMedications/creams/powder	FOOD ITEMS: (enough for 3-7 days)
Clothes/socks/shoes	Ready-to-eat canned meats Bottled water
Blanket ENTERTAINMENT:	Canned vegetables and fruit Dried cereal, crackers, dried fruit and nuts
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\_Hand held games, books, and comfort toy (stuffed animal)

## EMERGENCY INFORMATION LIST

## MEDICAL INFORMATION LIST Please complete and distribute copies to Please complete and distribute copies to your emergency contact people as well as to each member in your support network. your emergency contact people as well as to each member in your support network. PRIMARY PHYSICIAN: MY NAME: TELEPHONE NUMBER: TELEPHONE NUMBER: ADDRESS: ADDRESS: **HOSPITAL AFFILIATION:** BIRTH DATE: TYPE OF HEALTH INSURANCE: SOCIAL SECURITY NUMBER: POLICY NUMBER: LOCAL EMERGENCY CONTACT PERSON: BLOOD TYPE: **ALLERGIES AND SENSITIVITIES: EMERGENCY CONTACT PERSON'S NUMBER:** DIRECTIONS TO MY HOUSE: MEDICATIONS AND DOSAGES BEING TAKEN: OUT OF TOWN CONTACT: SPECIFIC MEDICAL CONDITIONS: OUT OF TOWN CONTACT'S NUMBER: HOW BEST TO COMMUNICATE WITH ME: PHYSICAL LIMITATIONS: ADAPTIVE EQUIPMENT AND VENDOR'S PHONE: COGNITIVE DIFFICULITIES: CHURCH RELIGIOUS AFFILIATION: DISABILITY-RELATED SUPPLIES AND SPECIAL EQUIPMENT LIST Check items you use, and describe item type and location. Distribute copies to your emergency contact people as well as to each member in your support network. \_Urinary supplies: Glasses: \_Eating utensils: Ostomy supplies: \_Grooming devices: Wheelchair: Wheelchair repair kit: Dressing devices: Motorized: \_Writing devices: Manual: \_Hearing devices: Walker: Visual devices: Crutches: \_Oxygen:\_ Cane(s): Flow rate:\_ Suction equipment: Dentures: Dialysis equipment: Monitors: \_Sanitary supplies: Other: